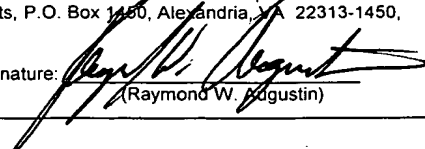


Corres. and Mail  
**BOX AF**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 20, 2004

Signature:

  
(Raymond W. Augustin)

**EXPEDITED PROCEDURE**

Group Art Unit: 3738

Docket No.: SPINE 3.0-2144 DIV II

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Lance Middleton

Application No.: 10/672,327

Filed: September 26, 2003

For: ARTIFICIAL INTERVERTEBRAL DISC

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::: Group Art Unit: 3738

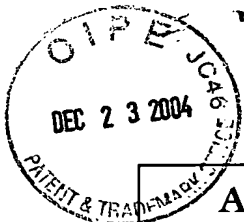
::: Examiner: B. E. Snow

**AMENDMENT UNDER 37 CFR 1.116**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 13, 2004, finally rejecting claims 1-15, and 17-21, please amend the above-identified U.S. patent application as follows:



AF  
IFW

AMENDMENT TRANSMITTAL LETTER				After Final Rejection	
Application No. 10/672,327		Filing Date September 26, 2003		Examiner B. E. Snow	
				Group Art Unit 3738	
Applicant(s): Lance Middleton				Docket No. SPINE 3.0-2144 DIV II	
Invention: ARTIFICIAL INTERVERTEBRAL DISC					
<p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>					
<p align="center"><b>CLAIMS AS AMENDED</b></p>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	20	- 21 =		x	
Independent Claims	4	- 4 =		x	
Multiple Dependent Claims (check if applicable)				<input type="checkbox"/>	
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>12-1095</u> in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Raymond W. Augustin Attorney Reg. No. 28,588				Dated: <u>December 20, 2004</u>	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6318					
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.					
Dated: December 20, 2004		Signature:  (Raymond W. Augustin)			